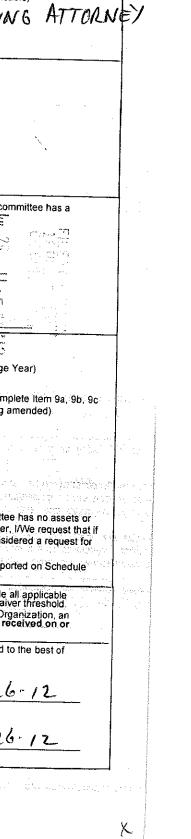


Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From:
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.
150 459	DUGGAN PATRICK O.
PATRICK 0. DUGGAN	4a. Office Sought Including District # or Community Served (If applicable) BAY COUNTY PROSE CUTING ATTORNE
FOR PROSECUTOR	4b. County of Residence BAY
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address
10. BOX 203	DEBRA G. DUGGAN
KAWKAWLIN, MI 4863/	
Area Code and Phone (989) 780-1646	310 LINCOLN DR.
Area Code and Phone (70 4) / 6 7 6 If the address in this box is different from the committee	BAY CITY, MI 48706
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone (989) 180 -1645
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
CRAMER JR. HIGH	
313 PINE ST	
ESSEXVILLE, MI 48732	Reduction of the Control of the Cont
Area Code and Phone (9£1) 460 2328	Ğ.
9. TYPE OF STATEMENT	Area Code and Phone
9a. Pre-Election OR 9b. Post-	Election 9c. Annual Statement (71) 12 Coverage Year)
The state of the s	<u> </u>
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
Primary	9e: Dissolution of Candidate Committee
Convention	Effective Date of Dissolution
Special	By checking this item, I/We certify that the committee has no assets or
Date of Election, Convention or Caucus	the dissolution cannot be granted that this be considered a request that if
AUGUET 7, 2017	Note: The disposition of residual funds must be reported on Schodule
A committee that does not have a Reporting Waiver must file all requ	IB and the Summary Page. irred Campaign Statements. The Campaign Statements must include all applicable litures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed amendment to the Statement of Organization should accompany this	itures, and outstanding debts count against the \$1,000 Reporting Waiver threshold since the information was shown on the committee's Statement of Organization, an campaign Statement. If a request for a Reporting Waiver is not received on or transpagn statement cannot be waived.
before the filling deadline of a required campaign statement, that 10. Verification: IVWe certify that all reasonable diligence was used in	t campaign statement cannot be waived.
mylour knowledge and belief the contents are true, accurate and com	the preparation of this statement and attached schedules (if any) and to the best of plete.
Current Treasurer or Designated Record keeper DEBRA G. W& GAN	Delra A Dunas 7-26-12
Type or Print Name	Signardre DateDate
Candidate PATRICK O. DUGGAN,	Signature Date 7-26-12
Type or Print Name Authority granted under P.A. 388 of 1976	Signature

CANDIDATE COMMITTEE COVER PAGE	FOR OFFICIAL USE ONLY
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 5-3-12 to 7-22-12
1. Committee I.D. Number	4 Candidate Last Name
150 459	DUGGAN PATRICK O.
PATRICK 0. DUGGAN	4a. Office Sought Including District # or Community Served (If applicable) BAY COUNTY PROSE CUTING ATTON
FOR PROSECUTOR	4b. County of Residence BAY
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address
P.O. BOX 203	DEBRA G. DUGGAN
KAWKAWLIN, MI 48631	310 LINCOLN DR.
Area Code and Phone (989) 780-1646 If the address in this box is different from the committee	BAY CITY, MI 48706
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone (989) 180 -1645
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
CRAMER JR. HIGH 313 PINE ST	Designated Record Reeper)
ESSEXVILLE, MI	
48732	. V
Area Code and Phone (9£1) 460 2328	Area Code and Phone
9. TYPE OF STATEMENT	
9a. Pre-Election OR 9b. Post-	Election 9c. Annual Statement (2) 12 Coverage Year)
The first of the second of the	
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended).
Primary	9e Dissolution of Candidate Committee
Convention	ol State of Dissolution
Special	
Date of Election, Convention or Caucus AUGUST 7, 2017	By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule
before the filing deadline of a required campaign statement, that	18 and the Summary Page. uired Campaign Statements. The Campaign Statements must include all applicable ditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. It since the information was shown on the committee's Statement of Organization, and a Campaign Statement. If a request for a Reporting Waiver is not received on or transparent cannot be waived.
10. Verification: I\We certify that all reasonable diligence was used in my\our knowledge and belief the contents are true, accurate and corr	the preparation of this statement and attached schedules (if any) and to the best of plete.
Current Treasurer or	plete.
Designated Record keeper DEBRA 6. DUI GAN Type or Print Name	Signature Dugge Date 7-26-12
Candidate PA MICK O. DUGGAN	
Type or Print Name	Signature Date 7-26-12
Authority granted under P.A. 388 of 1976	
and the second of the second o	ting a selection of the company and the property of the company of the company of the company of the company of





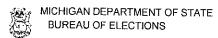
1. Committee I.D. Number

150459

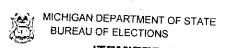
SUN	//MAR	RY PA	GE
CANDIDA	TE C	OMM	TTEE

2. Committee Name PATRICK O. DUBGAN FOR PROSECUTOR

RECEIPTS	Column	0.4
3. Contributions	This Period	Column II Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 16,405.04	·
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	·
c. Subtotal of "Contributions"	(3c.) \$ 16,405.04	(18.) \$ 16,405.04
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.)\$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 16, 405.04	(20.) \$ 16,405.04
IN-KIND CONTRIBUTIONS & EXPENDITURES	2716	
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>274.91</u>	(21.) \$ 274.91
7. In-Kind Expenditures (Schedule 1B-iK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 7,408.01	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <i>c</i>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 7,408.01	(23.) \$ 7,408.01
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)	•	
10. Disbursements 2. a. Itemized (Schedule 1C, Column 6) (1996) (1996)	(10a.) \$	m man sala (ga gaba sa
b. Unitemized (less than \$50.01 each - no Schedule)		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(01.) .\$	(24,) \$
a. Owed by the Committee (Schedule 1E)	(12a)\$ 3,136.04	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 100	in the state of t
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14)+\$ 16,405.04	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ 16,505.04	e di 🗸 e e di Araba da Araba Eric. Di
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ 7,408. 01	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>9,097.03</u> .	
		1

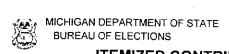


BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS SCHEDULE 1A 1. Committee I.D. Number	150	459
Enter contributor's name and address. If contribution is from an individual, enter last name, first name,		66AN FOR PROSE
Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 5 - 30 - /2		
PATRICK O. DUGGAN 310 LINCOLN OR. BAY CITY DAY 1187116	, 800	, 800
BAY (ITY, M) 45706 5. If over \$100.00 cumulative, please provide: Occupation ASST. PROS. Employer SA6/NAW COUNTY	Click Here fo	or Memo Itemization
		or morno normanion
Business Address /// S. MICHIGAN, SA6. MI 45602 Type of Contribution: Direct X Loan from a person Fund Raiser		,
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5-3/-12		
JAMES M. HAMMOND		
420 CHEM BANK BLDG.	s / O O	. 100
BAY CITY M 48708 5. If over \$100.00 cumulative, please provide:	\$ 700	\$ 700
	Click Here fo	r Memo Itemization
Occupation ATTORNEY Employer SELF		THE STATE OF THE S
Business Address ABOVE		
Type of Contribution: Direct Loan from a person Fund Raiser		ĺ
. Contribution #3 PAC Receipt? YES 4. Date of Receipt 5-3-17		
PATRICK O. DV6GAN [SEE ABOVE]	s 100	, 900
. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation ASST. PROS. Employer SA6/NAW COUNTY	G. 1010 101	Wollo Remization
dusiness Address (SEE ADDVE)		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 6-10-17		
PATRICK O. DUGGAN (SEE ABOVE)		
THINK COLD STORY	600	1//00
	<u> 500</u>	s_1,700
If over \$100.00 cumulative, please provide:	Click Here for	Morro Itamization
Occupation ASST PROS. Employer SAGINAW (OVNTY	CHOK HEIR IOF	Memo Itemization
Business Address (SEE ABOVE)		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1.500.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	
age <u>1</u> of <u>65</u>	line 3a of Summary Page.	
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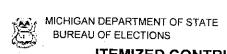
mmittee I.D. Number

CANDIDATE COMMITTEE	2. Committee Name	· · · · · · · · · · · · · · · · · · ·	
Enter contributor's name and address. If contribution is from an individual middle initial. Check box to indicate if contribution is from a Political Contribution (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution #1 PAC Receipt? YES 4. Date of Re PATRICK O. DUGGAN	eceipt <u>6-14-1</u> 7		date of receipt)
310 LINCOLN DR BAY CITY, M 4870b 5. If over \$100.00 cumulative, please provide:		s 325	s/,725
Occupation ASST. PROS. Employer SABIA	JAW COUNT	Glick Here fo	or Memo Itemization
Business Address /// S. M./. H/6 A. S. Type of Contribution: Direct	A G / NA W, M 1 Fund Raiser	46602	
Contribution #2 PAC Receipt? YES 4. Date of Receipt? Name & Address	eipt 6 - 20 - 17	·	
PATRICK O. DUGGAN GE	EABONET	-	
		s_300	\$ 7,025
5. If over \$100.00 cumulative, please provide:		Click Horo for	
Occupation ASST. PROJ Employer SAGIN	AW COUNTY	Olick Liete 10t	Memo Itemization
Business Address <u>LSEE ABOVE</u>			
Type of Contribution: Direct	Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Date of Receipt? YES 4. Date of Receipt?	eipt 6-22-13	2_	
JODY MEAGHER		-	
3873 UTAH		s 815	· 815
BAY CITY, MI 45706			
. If over \$100.00 cumulative, please provide:		Click Here for I	Memo Itemization
Occupation PERSONNEL OFFIC Employer 6M POU Justiness Address 1001 WOODSIDE, BAY	VERTRAIN	S. Errigina Ayrımının ili.	
Loan from a person		-70 <i>F</i>	en e
Contribution # 4 PAC Receipt? YES 4 Date of Receipt	Pint 2 / 2	Francisco (Propriedo)	
ABEL B. TORRET	0-13-12	The Transfer of Control of the Contr	entro de la companya
2307 6YSIN CT.			
BAY CITY M 4870 F If over \$100.00 cumulative, please provide:		s 100	s 100
Coupation ATTY - RETD Employer	Makatera ereken eta ereken bila. Beren erek	Click Here for M	lemo Itemization
usiness Address			
ype of Contribution: Direct Loan from a person	Fund Raiser		
7	Page Subtotal	1,540.00	
Gra	nd Total of All Schedules 14	75 10 - 00	
(Comple	ete on last page of Schedule)	Enter this total on	
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. Committee I.D. Number	150 459

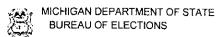
2. Committee Name		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 6-/3-/7 SENA AMDS IF20 AMHEARST SAGINAW, MAGOD 5. If over \$100.00 cumulative, please provide:	\$ Z5	\$ 2.5
Occupation Employer		
Type of Contribution: Direct Loan from a person Fund Raiser		<u> </u>
Accontribution #2 PAC Receipt? YES 4. Date of Receipt 6-13-12 August 6 PAC Receipt 7300 NURMIDL BAY (ITY, M 48705 6. If over \$100.00 cumulative, please provide:	s 25 Click Here fo	s25
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution #3 PAC Receipt? YES 4. Date of Receipt 6-13-12 TAMES M. HAMMOND 420 CHEM. BANK BAY CITY, MI 4820 F i. If over \$100.00 cumulative, please provide: Decupation A TTORNEY Employer	\$ 100	\$ ZOO
Business Address ABVE		
Type of Contribution: Direct Loan from a person Fund Raiser	Press Constitution of	
Contribution #4 PAC Receipt? YES 4 Date of Receipt 6-13-12 ame & Address SUSAN KALTENBACH 12 E. HAWNUM BLVD. SA61NAW, M UF602 If over \$100.00 cumulative, please provide:	<u> </u>	s 25
Occupation Employer	Click Here for	Memo Itemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		·
Page Subtotal	175.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	



1. Committee I.D. Number	1	50	45
 1. Committee I.D. Number			1

CANDIDATE COMMITTEE 2. Committee Name		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4 Date of Receipt 6-13-12 Name & Address: KYLE HIEGS TARRANT III S. MICHIGAN SAGINAW, MI 45602 5. If over \$100.00 cumulative, please provide:	s / 00	s 100
Occupation Employer	Click Here I	or Memo Itemization
Type of Contribution: X Direct Loan from a person X Fund Raiser		N. A.
DEMOND TIBBS 2213 COULT ST SA6 INAW, MA AF602 If over \$100.00 cumulative, please provide:	s 25 Click Here fo	s 25 or Memo Itemization
Occupation Employer Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution #3 PAC Receipt? YES 4. Date of Receipt 6-13-12 lame & Address: GEDRGE BEST 17101 BURT BRANT, M 48614 If over \$100.00 cumulative, please provide:	s / 0 0 Click Here for	s /00
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	in and the second of the secon	and the second s
Contribution #4 PAC Receipt? YES 4 Date of Receipt 6-13-12 TANET BUES		
4582 WALL ST SA61NAW, M1 48638 If over \$100.00 cumulative, please provide:	35	s 3.5
Occupation Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution:	710 00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	

middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	o. 7 modin	Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 6-13-12	_	
KYLE HIGGS TARRANT III S. MICHIGAN	: M N	100
SA6/NAW, M/ 46602 5. If over \$100.00 cumulative, please provide:	s_/00	<u>\$ 100</u>
OccupationEmployer	Click Here f	or Memo Itemization
Business Address		,
Type of Contribution: Direct Loan from a person X Fund Raiser		N.
Contribution #2 PAC Receipt? YES 4. Date of Receipt 6-13-12-		
DEMOND TIBBS		
2213 COURT ST	. 7.5	75
SAGINAW, M AFBOZ	\$_ <i>U</i> J	\$ <i>UJ</i>
i. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
OccupationEmployer		or morno normania
Business Address		
ype of Contribution: Direct Loan from a person Fund Raiser		
Contribution #3 PAC Receipt? YES 4. Date of Receipt 6-/3-/2		
lame & Address:		+
GEORGE BEST 17101 BURT	s / 0 0	
BRANT, M 48614	\$ 700	s100
i. If over \$100.00 cumulative; please: provide: 0 destandents entressed and the provide and th	Click Here for	r Memo Itemization
Occupation Employer		· · · · · · · · · · · · · · · · · · ·
usiness Address	grade Artista (1995), gradina i sangara (1995).	e germana (f. 17. m.). •
ype of Contribution: Z Direct Loan from a person X Fund Raiser	tt ener ein er en en en en estest en ekket ekke en verker	en de la companya de Companya de la companya de la compa
Contribution # 4 PAC Receipt? YES 4 Date of Receipt 6-13-12	Autoria de la composición del composición de la	
JANET BOES		
4582 WALL ST	35	2 5
SA61NAW, MI 48638	\$	s <u>. ン</u>
If over \$100.00 cumulative, please provide: with the provided of the provided	Click Here for	Memo Itemization
ccupationEmployer		Morno Romaguion
usiness Address		
Type of Contribution: Direct Loan from a person X Fund Raiser	•	
Page Subtotal	260.00	
Grand Total of All Schedules 1A		-
(Complete on last page of Schedule)	Enter this total on	J
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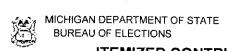


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ommittee I.D. Number	 - 4		- T		-/	

CANDIDATE COMMITTEE 2. Committee Name		· · · · · · · · · · · · · · · · · · ·
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 6-/3-/2 TAMES BORCHARD 111 S. MICHIGAN	<i>5</i> N	. 50
5. If over \$100.00 cumulative, please provide:	\$	
Occupation Employer	Click Here to	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6 - / 3 - / 2 Name & Address		
JOSEPH LUPLOW 314 N. MICHIGAN SA6 INAW, M 46602 5. If over \$100.00 cumulative, please provide:	\$ 100	s / 00
	Click nere it	r Memo Remization
		•
Business Address		
7 5		
A Contribution #3 PAC Receipt? YES 4. Date of Receipt 6-13-12 KATHLEEN MAINE \$17 W. REMINGTON SAGINAW, MI 45602 5. If over \$100.00 cumulative, please provide:	s ZS	\$ 25 Memo Itemization
Occupation Employer Assessment Employer		
Business Address	eritariya (j. dara) — Liberiya — Liberiya (j. dara) — Liberiya (j. dara) — Liberiya (j. dara) — Liberiya (j. d	e de de la companya d
Type of Contribution: 📈 Direct	en nemerkalija nasa a sambawa Windining kasiliya nasa nasa sa	n om speriikan operiik († 1970) 20 Junij - Killy Speriik
Contribution #4 PAC Receipt? YES 4. Date of Receipt 6-13-12 GEORGE BUSH		
723 WILLIAMS	. 50	. 50
SABINAW M1 48602 i. If over \$100.00 cumulative, please provide:	Ole Cultural Land	\$ 0
Occupation Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	225.00	
Grand Total of All Schedules 1A		-
(Complete on last page of Schedule)	Enter this total	J

Occupation	Employer	
Business Address		
Type of Contribution: Direct	Loan from a person	
	Page Subtotal	225.0
	Grand Total of All Schedules 1A	
Page 5 of 65	(Complete on last page of Schedule)	Enter this total of line 3a of Sumn Page.

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Committee I.D. Number 150 459

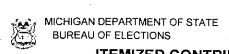
2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 6-/3-12 Name & Address:		
A. LEE STURTZ 1 608 S. MICHIGAN	3	r a
5. If over \$100.00 cumulative, please provide:	s_50	<u>\$ 50</u>
	Click Here f	or Memo Itemization
Occupation ATTY Employer	- A - A	·
Business Address ABOVE	•	
Type of Contribution:		<u> </u>
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6-13-12 Name & Address		
AMBER DAVIS JOHNSON		
1353 N. JONES RD.	s 100	s 100
ESSEXVILLE MI 48732		
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation ATTY Employer SELF		
Business Address 6420 NILMANDY, SA61NAW, MI		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6-/2-/2 Name & Address:		
LORI BOMMARITO,	<i>C</i> •	
9245 KOCHVILLE RD	s 50	, 50
FREELAND, MI 48625	Click Horo fo	r Mama Itamization
5. If over \$100:00-cumulative; please: provide: catastant agreement sanctive; green parte, agreement to the present of the pre	Click Here to	r Memo Itemization
Occupation PER	and the second of the second o	Alle Samuel Colores
Business Address	erekszaganese er közer szeresi kisza az	e San San San San San San San San San San
Type of Contribution: Direct Loan from a person Fund Raiser		Sekolusyo (sekolusyo ya 1901) ing
8. Contribution #4 PAC Receipt? YES 4: Date of Receipt 6 -/2 -/2	to Autoritation (Section). Second Security (Section).	
TRISH REHMANN		
4572 CEDAR CREST DR SAGINAW MI 46603	£ 25	<u>\$ 25</u>
SA6 INAW, MI HF603 5. If over \$100.00 cumulative; please provide:		
	Click Here for	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	725.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	.
Page 6 of 65	line 3a of Summary Page.	



CANDIDATE COMMITTEE 2. Committee Name		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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CANDIDATE COMMITTEE 2. Committee Name		
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SCHEDULE 1A 1: Committee I.D. Number 150 459

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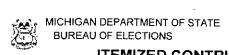


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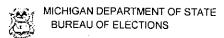


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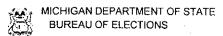
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Page 12 of	65



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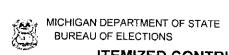
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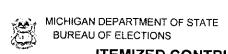
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Page 16 of 65



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#### **ITEMIZED CONTRIBUTIONS** SCHEDULE 1A

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CANDIDATE COMMITTEE 2. Committee Name		· · · · · · · · · · · · · · · · · · ·
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TERRY MANWELL 3891 CHIPPING NORTON CT. SAGINAW, MI 4803 5. If over \$100.00 cumulative, please provide:	s 100	s 100
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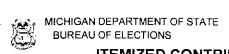


### ITEMIZED CONTRIBUTIONS

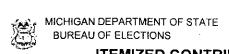
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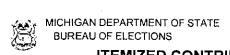




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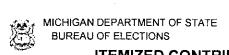


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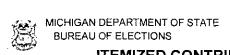
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3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-18-12  Name & Address  KEITH BIRCHLER  900 CENTER  BAY CITY, MI 48708  5. If over \$100.00 cumulative, please provide:	s 3 0 Click Here fo	\$3 O
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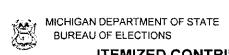
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150459 1. Committee I.D. Number

CANDIDATE COMMITTEE

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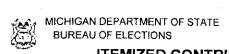
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Page 32 of 65

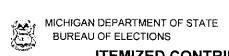
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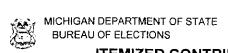
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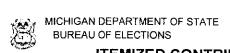


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#### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

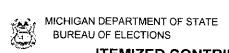
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CANDIDATE COMMITTEE

Committee I.D. Number	150	45	9

2. Committee 2.		
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7-16-12  Name & Address:  SUE GANSSER  1511 WIDD MERE PL  BAY CITY, MM 45708  5. If over \$100.00 cumulative, please provide:	s 25	s 2-5 or Memo Itemization
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Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		No. of the second
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-18-12  Name & Address  CYNTHIA LUCZAK  STS FROST  BAY CITY, M 48706  5. If over \$100.00 cumulative, please provide:	s 60	\$
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3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-16-12  Name & Address:  STEVE FENNER  3G00 N. HARTFORD DR.  SA6 INAW, MI 46603  5. If over \$100.00 cumulative, please provide:		s3_8 or Memo Itemization
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Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7-18-12 Name & Address  LYNN RIVARD  F40 N. GARFIED FD  LIN WOOD N. 486/1  5. If over \$100.00 cumulative, please provide:	s 30	\$ 55
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Page 39 of 65

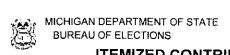
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1. Committee I.D. Number 150459

SCHEDULE 1A 1. Committee I.D. Number		
CANDIDATE COMMITTEE 2. Committee Name		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7-13-12  Name & Address:  RANDY PRICE  5429 TEFT RD.  ST. CHARLES, MI 48655  5. If over \$100.00 cumulative, please provide:	s 90	s 90
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Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		· · · · · · · · · · · · · · · · · · ·
PONALD GWIZDALA  5244 CREST WAY  BAY CITY, M 4571b  5. If over \$100.00 cumulative, please provide:  OccupationEmployer  Business Address  Type of Contribution: DirectLoan from a person Fund Raiser	s / 0 0 Click Here f	s / 0 0 or Memo Itemization
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 7 - 16 - 12  Name & Address:  ALMA WATTON  SOS GERMAN/A  BAY CITY, MI 45716  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	plante program in the second	s 27 or Memo Itemization
3. Contribution # 4 Name & Address  BERNARD COPPOLIND  III N. M/CHIGAN  JABINAW, MI 44602  5. If over \$100.00 cumulative, please provide:  Occupation Employer	, 3°	s 3 0
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1. Committee I.D. Number	150	45	9	

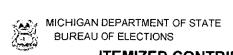
CANDIDATE COMMITTEE 2. Committee Name		
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7-18-12- ame & Address:  WALTER SAPPINGTON	-	
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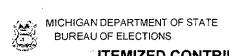
1. Committee I.D.: Number 150459

SCHEDULE 1A 1. Committee I.D. Number		
CANDIDATE COMMITTEE 2. Committee Name		
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age 42 of 65	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE 2. Committee Name		
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3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7-16-12  Name & Address:  TOM MATCHIZAK  2150 SECOND ST  BAY CITY M, 4570 F  5. If over \$100.00 cumulative, please provide:	\$ 3 b	\$ <b>3_0</b> or Memo Itemization
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3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-/8-/2 Name & Address  BRUCE CLARK  604 MAIN  ESSEXVILLE, M 45732  5. If over \$100.00 cumulative, please provide:	s 39	\$ 39 or Memo Itemization
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Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-1f-12  Name & Address:  TUDD MORSE  1230 WASHINGTON  BAY CITY M 4670 F  5. If over \$100.00 cumulative, please provide:	<u>\$ 30</u>	s 3-0
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3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7-18-17 Name & Address  DENNIL SCHWALTZ  48 KILLARN EY  BAY CITY MI 46706  5. If over \$100.00 cumulative, please provide:  Occupation Employer	<u>\$ 30</u>	\$ 30 Memo Itemization
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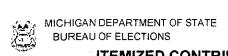
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3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7 - 18 - 17	
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1. Committee I.D. Number 150459

CANDIDATE COMMITTEE 2. Committee Name		
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7-18-12  Name & Address:  TOHN MAY  20 8 S. MAN/70U  FINCONNING MI 48650  5. If over \$100.00 cumulative, please provide:	\$ 30	\$ 3 O
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Occupation Employer		
Type of Contribution: Direct Loan from a person Fund Raiser		
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1. Committee I.D. Number	150459	

CANDIDATE COMMITTEE 2. Committee Name		
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7 - 1 - 1 2  Name & Address:  KFV / N KRATZ  193 W. M UNGER RD.  MUNGER RD.  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution:   Direct   Loan from a person   Fund Raiser	s <i>60</i> Click Here fo	s <i>b D</i> or Memo Itemization
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3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-16-12  MARILY N PRUITT  III S. MICHIGAN  SAGINAW M 4-602  5. If over \$100.00 cumulative, please provide:	\$ 15	\$15 Memo Itemization
OccupationEmployer  Business Address Type of Contribution: Direct		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7.15-17  Name & Address  RANDY PFAU  BAY CITY M 4570b  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address	\$ 15 Click Here for	\$ Memo Itemization
Type of Contribution: Loan from a person Fund Raiser  Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 45 of 65	105.00  Enter this total on line 3a of Summary Page.	

Occupation
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Page 45 of 65



CANDIDATE COMMITTEE 2. Committee Name	b	- NA
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3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7-18-12 ame & Address:  GLORIA BARTNIK  III S. MICHIGAN  AGINAW M 45612  Occupation Employer	\$ /5 Click Here f	s JS
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CANDIDATE COMMITTEE 2. Committee Name		
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7 - / 2 Name & Address:  ANN NEVHAUS  ABUNAW MULL  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	s <u>15</u> Click Here fo	\$sor Memo Itemization
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3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7 - 17 - 17  BARBARA LAWSON  5764 OLIVE TR, #B-6  SA6/NAW, M, 4F603  6. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct   Loan from a person   Fund Raiser	s 20	\$
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1. Committee I.D. Number <u>150459</u>

CANDIDATE COMMITTEE 2. Committee Name		
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7-16-12  Name & Address:  WARKEN ABBS  145 SALZBURG  BAY (174, M 4870b)  5. If over \$100.00 cumulative, please provide:  Occupation Employer	s 24 Click Here fo	\$
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3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-/8-/Z Name & Address  LARRY REIMANN  FO 3 FLORIDA CT  BAY CITY MI 4870 b  5. If over \$100.00 cumulative, please provide:	s 27 Click Here fo	\$ 27
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1. Committee I.D. Number	150459	

CANDIDATE COMMITTEE 2. Committee Name		
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SCHEDULE 1A 1. Committee I.D. Number		
CANDIDATE COMMITTEE 2. Committee Name	I & Amount	7. Cumulative for
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7 - 18 - 12	•	
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BAY CITY, MI 48706	s / 00	s 100
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Occupation Employer	Click Here f	or Memo Itemization
Business Address		
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3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-/8-12		
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JOE LA FRAM BOISE 700 BRAUN	s 30	<u>\$ 30</u>
AUBURN, M 456/1		
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3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7 - 16 - 12  Name & Address:		
JOY THOM PSON,	. 15	15
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BAY CITY M 4570 b  5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
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Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7 - / 7	<b>7</b>	
MICHAEL BERGEN		- • •
311 HART ESSEX VILLE, M 45732 5. If over \$100.00 cumulative, please provide:	<u> 24</u>	<u> 24</u>
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Occupation Employer		
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Page 50 of 65	line 3a of Summary Page.	

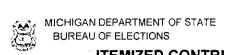


CANDIDATE COMMITTEE 2. Committee Name		44-1-2-
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7-16-12  Name & Address:  ROBT. LEE  I & D 3 MICHIGAN  BAY (1 + y M) 4 + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D + 7 D	\$ 15 Click Here fo	\$ 65 or Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-/8-/2 Name & Address  MARK BERGER  2235 CARROLL RD.  BAY CITY, M. 4570 f  5. If over \$100.00 cumulative, please provide:  OccupationEmployer	\$ 30 Click Here fo	s 30or Memo Itemization
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 7 - 1/F - 1/2  Name & Address:  VAYNE LUTTZE  2690 PEET RD  NEW LOTHROP, MI 4/F460  5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$ 15 Click Here for	\$
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7 - 18 - 17	-	
Name & Address  JASON CAMPBELL  421 GLIDDEN RD  BEAVERTON, MI 456/2  5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$ /5 Click Here for	\$/ 5 Memo Itemization
Business Address  Type of Contribution: Direct		
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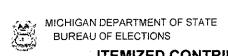
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Page <u>51</u> of <u>65</u>	Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)	



CANDIDATE COMMITTEE 2. Committee Name		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address:  TOM DEPRELEL  305 STARK ST  BAY CONTY MI AF706  5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY Employer SELF  Business Address 721 WASHIN TON BAY CITY, MI 4F  Type of Contribution: Direct Loan from a person Fund Raiser		\$ or Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-/8-/2  Name & Address  JENWIFER SHEPARD  7706 WINDING CREEK CT.  MIDLAND, M 45642  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address Type of Contribution: Direct	\$60 Click Here fo	s60 r Memo Itemization
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 7-/F-/2  PAM CRUSS  III S. MICHIGATI  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	\$ 15 Click Here for	\$1 <u>5</u> Memo Itemization
Business Address  Contribution #4  PAC Receipt? YES  A Date of Receipt 7-17-17  ANGIE LARKIN  3270 BOWMAN  BAY CITY MI 4570 \$  5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$ 75 Click Here for	\$
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7-16-12 ame & Address:  RDBERT RICKER  1108 ANCHORWAY  BAYCITY M 4-5706  If over \$100.00 cumulative, please provide:	s_24	s 24
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ame & Address  AL EICHORN  5412 EASY ST  BAY CITY, M 45706  If over \$100.00 cumulative, please provide:	\$/Z Click Here fo	\$
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CANDIDATE COMMITTEE 2. Committee Name		
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3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7-18-12  Name & Address:  IHARRY RICE  7261 KARA DR  BAY CITY, M 48706  5. If over \$100.00 cumulative, please provide:	\$ /5	s 15 or Memo Itemization
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Occupation Employer  Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 7-/f-/2 Name & Address:  GLORIA BYING TON  2509 25th CT.  GAY CITY MA 45786  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address Type of Contribution: \ Direct \ Direct \ Loan from a person \ \ Fund Raiser	\$ 12 Click Here fo	s /2-
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7-18-17  Name & Address  HOWELL  JE. HANNUM  JA61NAW  M 4-602  5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$	s <u>/2</u> r Memo Itemization
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1. Committee I.D. Number 150459

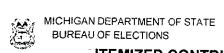
CANDIDATE COMMITTEE 2. Committee Name	W-W-0-1	74
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7-18-12  Name & Address:  DAVID BEARS  SH SANDRA CT  SA6 INAW, M 48602  5. If over \$100.00 cumulative, please provide:	s 12	s 12
Business Address  Type of Contribution:  Direct  Loan from a person  Fund Raiser  Contribution #2  PAC Receipt?  YES  4. Date of Receipt  7-/8-/2		
Address  P.O. BOX 24  CARROLTON ANI, 45724  i. if over \$100.00 cumulative, please provide:  DecupationEmployer  Business Address  Type of Contribution: DirectLoan from a person Fund Raiser	\$ 12 Click Here fo	s / 2— or Memo Itemization
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STEVE ROBBINS  515 S. DEWITT  BAY CITY, M 4870 b  If over \$100.00 cumulative, please provide:	\$ 30	\$ 30
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3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-/F-/2  BERNIE HOBAN  3. December 100.00 Cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	\$ 30 \$ 30  Click Here for Memo Itemization
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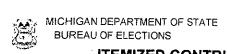


1. Committee I.D. Number 150459

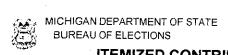
CANDIDATE COMMITTEE 2. Committee Name		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7-18-12  Rame & Address:  POY WALTON  ZHHH A DAM  SABINAW, M A \$602  5. If over \$100.00 cumulative, please provide:	<u> </u>	s 20
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3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-/8-/2 Name & Address		
MIKE ANDREOTTI 111 S. MICHIGAN	_s 15	, 15
SA61NAW, M 18602	*	· •
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IZEN CHARBONNEAU 404 GRANT ST AUBURN, M 48611 i. If over \$100.00 cumulative, please provide:	\$ 15 Click Here for	\$15 Memo Itemization
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BRIAN CHARBOWNEAU	30	7.7
BRIAN CHARBOWNEAU 3032 COVENTRY BAY CITY M 48706  If over \$100.00 cumulative, please provide:	\$	\$_30
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CANDIDATE COMMITTEE 2. Committee Name		
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3. Contribution #1 Name & Address:  ART INSH 2365 E. N. UNIN BAY CATT AND 48706  5. If over \$100.00 cumulative, please provide:  Occupation Employer	s 30	s 38
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
ACRECEIPT? YES 4. Date of Receipt 7-/8-/2  Name & Address  W. J. MEAGHER  3673 UTAH  BAY CITY M 4670 b  5. If over \$100.00 cumulative, please provide:  Occupation CONTRACTOR Employer SELF  Business Address SAME AS ABOVE  Type of Contribution: Direct Loan from a person Fund Raiser		s 225 or Memo Itemization
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Contribution #4  Address  TOSEPH PURTELL  P. O. BOX 157  BAY CITY, W. A 6707  If over \$100.00 cumulative, please provide:  Decupation ATTORNEY  Employer Serving BAY CITY, W. 4876	_	s Z30  Memo Itemization
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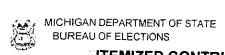
CANDIDATE COMMITTEE 2. Committee Name	· · · · · · · · · · · · · · · · · · ·	
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3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7-18-12  BRIAN GRAVE?	_	
4668 MAPLEWUD BAY CITY, M 4570 6 5. If over \$100.00 cumulative, please provide:	s 30	\$ 30
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3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-/8-12  Name & Address  MICHAEL BLONDIN  2099 E. N. BOUTELL PD	. 12	. 12
LINWROD, M 44634 5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
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Contribution #4 PAC Receipt? YES 4. Date of Receipt 7-18-17  SCOTT RICHMOND  1016 D DIXIE  BIR(H DUN M 484/5  5. If over \$100.00 cumulative, please provide:	s 45	s 45
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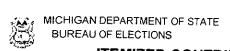
1. Committee I.D. Number 150459

CANDIDATE COMMITTEE 2. Committee Name		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7-16-/2 Name & Address:  NETSON WIEDERGA  SHOZ ELM VIEW DR  BAYCITY M 48706  5. If over \$100.00 cumulative, please provide:	s 30	\$ 30
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Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 Name & Address:  ROLAND PRICE  ISOO GARFIELD  BAY CITY M 46704  5. If over \$100.00 cumulative, please provide:	<u>s 30</u>	\$ 30
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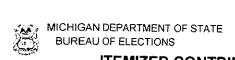




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1350 GERA RO	s_12_	s 12
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CANDIDATE COMMITTEE 2. Committee Name		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount 7. Cumulative Election Cycle Contributor (T	for Each hrough
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7-16-12  TAMES KELLETT  1645 MAPLE RIDSE  SAGINAW, M. 44604  5. If over \$100.00 cumulative, please provide:	<u>50</u> <u>55</u>	0
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  Contribution #2 PAC Receipt? YES 4. Date of Receipt 7 1 1 1 1 2 1	Click Here for Memo Itemi	zation
PEGGY HALES  2991 E. ERICICSON  PINCONNIND, M. 45650  If over \$100.00 cumulative, please provide:    Employer   Employer	\$\$\$\$\$	ration
Type of Contribution:	\$ 39 \$ 3 9 Click Here for Memo Itemiza	ation
Usiness Address  Type of Contribution: Direct Loan from a person Fund Raiser  Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7-12-12  NEW TON JEHOME  HILT STEPLING HE	211	
HII7 STERLING FD  OMER, M. 48749  If over \$100.00 cumulative, please provide:  Occupation Refired Employer N/A  Justiness Address	S 24 S 124  Click Here for Memo Itemiza	
Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal  Grand Total of All Schedules 1A  (Complete on last page of Schedule)	Enter this total on line 3a of Summary	



. Committee I.D. Number	_15	0	45	9	

CANDIDATE COMMITTEE 2. Committee Name	1100
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7 - 15 - 12  LA VRA BURKE 3050 HIDDEN RD BAY CITY, M 48706  i. If over \$100.00 cumulative, please provide:  Decupation FETIRED Employer  Employer N/A  Business Address  Type of Contribution:   Direct   Loan from a person   Receipt 7 - 15 - 12    A ddress   Fund Raiser  Contribution #2 PAC Receipt? YES 4. Date of Receipt 7 - 15 - 12    A ddress   Fund Raiser   PAC Receipt?   PAC Receipt 7 - 15 - 12    If over \$100.00 cumulative, please provide:  Coupation   Employer   Employer    Usiness Address   Usiness Address   Employer    Usiness Address   Loan from a person   Fund Raiser    Loan from a person   Fund Raiser    Fund Raiser	\$ 12 \$ 212  Click Here for Memo Itemization  \$ 12 \$ 12  Click Here for Memo Itemization
Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-18-17  Ame & Address:  STEP I-IEN KENT  6 0 W. MIDLAND  BAY CITY M AFT0 6  If over \$100.00 cumulative, please provide:  Ccupation Employer  Isiness Address  Type of Contribution: Direct Loan from a person Fund Raiser	ssSClick Here for Memo Itemization
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7 - 18 - 12 me & Address  6 A / L KIPF MILLER  5 6 9 7 S. 8 MILE  A UBURN, M 456   J  If over \$100.00 cumulative, please provide:  ccupation Employer  Usiness Address  Type of Contribution: Direct Loan from a person K Fund Raiser	s 12 s 12  Click Here for Memo Itemization
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary

Total Holli a perso	Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date Name & Address  6 A   L KIPF MILLER  5 6 9 7 S. 8 MILE  AUBURN, M 486   I	ate of Receipt 7 - 18 - 12 - 2	s_12_	s 12
5. If over \$100.00 cumulative, please provide:			
Occupation Employer		Click Here for	Memo Itemization
Business Address	•		
Type of Contribution: Direct Loan from a person	on K Fund Raiser		
Page <u>67</u> 65	Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary Page.	



## ITEMIZED CONTRIBUTIONS

SCHEDULE 1A	1. Committee I.D. Number	1504	159
CANDIDATE COMMITTEE	2. Committee Name		
Enter contributor's name and address. If contribution is from an individumiddle initial. Check box to indicate if contribution is from a Political Contribution (PAC) Report all contributions regardless of amount.	ial, enter last name, first name, nimittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	o. Amount	Election Cycle for Each Contributor (Through
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7 - / 8 - / 2 Name & Address:	·	date of receipt)
JEFF LALONDE 1160 S. OVTER DR	. 15	. 15
5. If over \$100.00 cumulative, please provide:	\$	\$
OccupationEmployer	Click Here f	or Memo Itemization
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-16-12 Name & Address		
DENNIS PROVLY		
PD BOX 6272 JAINAW, M 48608	s_/00	s 100
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer	3.13.1.13.13.13	. Momo Romezadon
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-11-12		
THOMAS HORISZNY 1606 BRIARWOOD DR SABINAW, MI 45636  5. If over \$100.00 cumulative, please provide:	\$Click Here for	\$Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7-18-/~  Name & Address  DARRIN NICITOLS		
1015 N. JOHNSON	10	
BAY CITY, M 48708	\$ / )	<u>\$</u>
5. If over \$100.00 cumulative, please provide:	_	
Occupation Employer	Click Here for	Memo Itemization
Business Address		
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Page <u>63</u> of <u>65</u>	line 3a of Summary Page.	

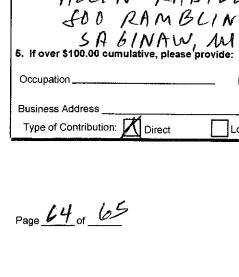
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ess Address e of Contribution: Direct	Loan from a person Fund Raiser	
63 _{of} 65	Page Subtotal  Grand Total of All Schedules 1A  (Complete on last page of Schedule)	770.

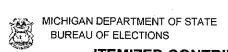


150459 1. Committee I.D. Number

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7-18-12- Name & Address:  PICHARD MILSTER  ZIO PENDLETON ST  BAY CITY, M 4670 S  6. If over \$100.00 cumulative, please provide:	s3_0	§ <i>3.</i> 0or Memo Itemization
Occupation Employer	Olick Here it	or Memo Remization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7 - 12 Name & Address		
PAUL FEHRMAN 12021 BLOCK PD BIRCH RUN, M 45415	<u>s 150</u>	_{\$} 150
5. If over \$100.00 cumulative, please provide?	Click Here fo	or Memo Itemization
Occupation ATTORNEY Employer JABINAW COUNTY		
Business Address 111 J. MICHIGAN, SAGINAW, M 4	£602	
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-18-12		
LIP HUMPERT 1645 MAPLERIDGE SABINAW, M48604 5. If over \$100.00 cumulative, please provide:	s 15 Click Here for	\$15
Occupation Employer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7 - 1 12  ALLEN RABIDEAU		
FOO RAMBLING SAGINAW, M. 4801 5. If over \$100.00 cumulative, please provide:	<u>\$ 60</u>	<u>\$60</u>
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer	OROK FICIC TO	Memo Remization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
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Page 64 of 65	line 3a of Summary Page.	





**CANDIDATE COMMITTEE** 

2. Committee Name		
Inter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7-18-12 ame & Address:  ARLENE LEMIRE  4640 FOX POINTE DR, # 231  BAY CIFY, MI 46706  If over \$100.00 cumulative, please provide:    Employer   Employer	s <u> 12</u>	ş <u>/</u> Z or Memo Itemization
usiness Address  ype of Contribution: Direct Loan from a person Fund Raiser		
Contribution#2 PAC Receipt? YES 4. Date of Receipt 7-18-12  PATRICIA D. DUBBAN	ريد المارات	! 2 121 AU
310 LINCOLN DR. BAY CITY, M) 44706  If over \$100.00 cumulative, please provide:	\$ 1, 111. 209	\$3,136.04
If over \$100.00 cumulative, pléase provide:  Coupation ASST. PROS. Employer SAGINAN COUNTY	Click Here fo	r Memo Itemization
usiness Address 111 S. MICHIG AN, SALINAW, MI AS	6602	•
pe of Contribution: Direct Loan from a person Fund Raiser		
Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-18-12 Ime & Address:  J/W PI+/LLIPS  9/6 WASI+/NGTUN AVE BAY C/TY, M/ 4F705 If over \$100.00 cumulative, please provide:	\$ 3 D Click Here for	\$ 30
ccupationEmployer		
siness Address		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt me & Address		
	\$	\$
If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
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usiness Address		
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Page ____ of ____

#### ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COM	AITTEE 2. Committee Name PATRICK 0.	DUBGAN FOR PROSECUTOR
3. Name and Address from whom received if contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	<ul><li>4. Type of In-Kind Contribution (Check applicable box)</li><li>5. Date of Receipt</li><li>6. Name &amp; Address of Vendor from whom goods or services wourchased</li></ul>	7. Amount or Fair Market for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes  Name & Address:  JASON LOWELL  55 STATE PK. DR.  BAY CITY, MI 4670 4  If over \$100.00 cumulative, please provide:  Occupation:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LO Description BOUNCE HOUSE	s 150 s 150
Employer Name & Business Address:  SELF-EMPLOYED  SAME AL AGOVE  Fund Raiser Contribution	5. Date Of Receipt: 7-(F-/2 6. Vendor Name & Address:	Click Here for Memo Itemization
Contribution # 2 PAC Receipt? Yes Name & Address  BARB VLZ-YZANJAK 3707 PRAIRIE CK LA SALINAW, M 46603 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:  RETIRED	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LO Description CAKES & POTATO DISHO  5. Date Of Receipt: 7-17-12  6. Vendor Name & Address:	
Fund Raiser Contribution  Contribution #3 PAC Receipt? Yes Name & Address:  If over \$100.00 cumulative, please provide:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOA	ss
Occupation: Employer Name & Address:	Description  5. Date Of Receipt:  6. Vendor Name & Address:	Click Here for Memo Itemization
Fund Raiser Contribution		
	Page Sub Grand Total of all Schedules (Complete on last page of Sche	1-IK 271 01



2. Committee Name PATRICK O. DUGG AN FOR PROSE CUTOR

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount
Expenditure #1		
Name USPS		5-3-12 \$ 20
Address KAWIKAWLIN, M	Purpose: P.D. Box Rental	Date ———
48631		lere for Memo Itemization Type
Fund Raiser Expenditure #2	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Name BAY COUNTY DEM. MRM		
		5-3-12 s 70
Address P.O. Box 556	Purpose: SPRING FLING	Date
PINCONNING 48650	Click H	ere for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #3		
Name BAY LOUNTY CLERK		5-3-12- 100
Address 5/5 CENTER	Purpose: FILING FEE	5-3-12 \$ 100 Date
BAY CITY, MI 48708	Click He	ere for Memo Itemization Type
·	Check box if this expenditure is payment of	, , , , , , , , , , , , , , , , , , , ,
Fund Raiser	debt or obligation reported on previous	
Expenditure #4	statement	
Name G'S PIZZERIA	5	5-30-/2
Address 1005 SAGINAW	Purpose: CDMM ITTEE MT6.	5-30-/2 \$ /20.22
BAY CITY, M 48708	FOOD CHARGES	
	<u></u>	re for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #5		
Name REIMOLD PRINTING	PRINTING MAILIN	'
Address 3201 HALL MARK	FOR 6-13-12 S Purpose: FUND FAISER	5-31-12 Date \$ 483.22
SAGINAW, MU 48603		ro for Momo Itamia-Mara Tara
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	re for Memo Itemization Type
	Subtota	this page 793, 44
	Grand Total of all Sc (Complete on last page o	hedules 1B

mplete on last page of Schedule)

Enter this total on line 8a of Summary Page

Page _.	 _ of _	8	



1. Committee I. D. Númber 150 45 9

Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1	
Name US PS	POSTAGE FOR 5-30-12 \$ 156.80
	Purpose: MAILING FOR 6-13-12 Date
Address SA6 INAW, M1 48603	FAINTH ALLEN
	Click riese for Metho Reniszation Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous
Expenditure #2	statement
• * * *	FINAL MART
Name BAY CITY TIMES  MLIVE MEDIA BROWN	FINAL WORD 6-9-12 5 95  ADS FOR 6-13-12 Date
Address	Purpose ADS FOR 6-13-12 Date
BAY CITY MI 48700	FUNDIALSER_Click Here for Memo Itemization Type
BAY CITY MI 40100	Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous
Expenditure #3	statement
Name DIAMOND BALL ROOM	FOOD, DRINK AND
Address 605 E. MIDLANO	ROOM RENTAL FOR 6-13-12 \$330.50
	Purpose: 6-13-12 FVNDRAISER Date
BAY CITY, M 48706	Click Here for Memo Itemization Type
ntzi	Check box if this expenditure is payment of debt or obligation reported on previous
Fund Raiser	statement
Expenditure #4 Name SAM'S CLUB	
	NAPKIN 3, CUILER, 6-13-12 843.65
Address 5656 BAY RD	NAPKINS, CURERY, 6-13-12 \$ 43.65  Purpose PLATES FOR 6-13-12 Date
SAGINAW, M 486B	EMODIALES
	Click Here for Memo. Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous
Expenditure #5 11/4 W 3 b 2 HAIL	statement
Name	
	HALL OFNITH 6-14-12 \$ 125.00
Address 4427 E. WILDER PO.	Purpose: 1/74 L L ICTV III L Date
BAXCITY, M 45706	Click Here for Memo Itemization Type
·	Check box if this expenditure is payment of debt or obligation reported on previous
Y Fund Raiser	statement
	Subtotal this page 750.95
	Grand Total of all Schedules 1B
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Page 2 of 8	Summary Page
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Page 2 of 8



1. Committee I. D. Nümber

150459

£. C	AMBILITIES LAGRIS
Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1 Name BAY CITY TIMES Address FIFTH @ ADAMS BAY CITY, M 46708	Purpose: I=INAL WORD ADS Date  Click Here for Memo Itemization Type  Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
Name MENARD'S Address 2864 WILDER PD	FUNDRAISER 7-18-12 \$ 11.69 Purpose: SUPPLIES, WRAP Date
BAY C174, M 4\$706	Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #3  Name GREENE'S GAS  2625 S. HURON FD.  Address KAWKAWLIN, M 48831	Purpose: LP GAS FOR Total  Purpose: LP GAS FOR Date  Click Here for Memo Itemization Type  Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
Expenditure #4  Name 60R00N'S  Address 3730 WILDER PO	7-16-12 Purpose: CHEESE Date \$ 25.48
BAY C174, M 4-670 b	Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #5 GORDON'S Name  Address 3730 WILDER RD BAY CITY, M 48706	Purpose: FOOD, COOKING 7-18-12 SU1-64  SUPPLIE Click Here for Memo Itemization Type
K Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
	Grand Total of all Schedules 1B (Complete on last page of Schedule)  Enter this total on line 8a of

Summary Page



. Committee I. D. Number	150459	

CANDIDATE COMMITTEE 2.	Committee Name	
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount
Expenditure #1 Name PARTY PALS		- 1 C 2 m
Address 50 JALZBVR6 PD.	Purpose: HELIUM BALLOOM	7-18-12 s 25.44
BAY (174, M 48706	FOR CENTERPIECES	Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #2		
Name SAM'S CLUB	FOOD, PLATES, CVTLERY, NAPKINS, Purpose: DRINKS, CANDY	7-14-12 \$ 350.02
Address S656 BAY RO. SA61NAW, M 48603	Purpose: DRINKS, CANDY	Date
3A6 NAW, 2001 -70003	Click	Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #3		
Name GORDINS	MEAT, SOUP, Purpose PLATES, BEANS	7-17-12 8 80 49
Address 3730 WILDER FD. BAY (174, M ASTUB	Purpose: PLATES, BEANS	Date
BRYCHANCE	Click H	Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #4	deterriore	
Name TRISHA BACH		7-17-12
Address 1298 JODY LYNN LANE	Purpose: CHICKEN	7-17-12 \$ 400-00
ESSEXVILLE, M 18732	*	lere for Memo Itemization Type
	Check box if this expenditure is payment of	,
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #5 (A M ) 1 (Li/B		
Name SAM'J CLVB	DESSER-13, -	7-16-12 016/07
SABINAW, M 48603	Purpose: SALADS, SUPPLIES	Date \$ 16/.07
SABINAW, M 48603	Click H	lere for Memo Itemization Type
▼ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous	ROTHERMOOT Typo
X : wire reason	statement	
	Subtot	al this page 1, 026.62
	Grand Total of all S (Complete on last page	ichedules 1B

Enter this total on line 8a of Summary Page

Page 4 of 8



. Committee I. D. Number	15	045	9	·

CANDIDATE COMMITTEE 2.6	Committee Name
3. Name and address of person or vendor to whom paid	4. Purpose (Required information) 5. Date 6. Amount
Expenditure #1 Name WALMART Address 3921 WILDER PO	Purpose: CVPS, FOOD 7-18-12 \$ 27.88
BAY (174, M 48706	Click Here for Memo Itemization Type  Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
Expenditure #2  Name 60RD 0 N S	VEGETABLES, TEA, 7-18-12: 148.42
BAY (1TY, M 48706	Purpose: TABLE SUPPLIES Date  Click Here for Memo Itemization Type
Y Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #3  Name USPS  Address KAWKAWLIN, M 46631	Purpose: FOR INVITATIONS Date 18000
Fund Raiser	Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4 Name WALMART  Address 3921 WILDER  BAY CITY, M 48706	ENVELOPES & 7-1-12 Date \$ 10.57  Purpose: PAPER FOR INVITATIONS  Click Here for Memo Itemization Type
Kund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #5 GORDONS Name  Address 3730 WILDER AO  BAY CITY, M 45706	Purpose: CANDY/PARADE Date \$10.98  Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
	Subtotal this page 377.85  Grand Total of all Schedules 1B

Enter this total on line 8a of Summary Page

Page 5 of	8
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. Committee I, D. Number	150439	
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CANDIDATE COMMITTEE 2.6	Committee Name
Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1  Name REIM DLD PRINTING  Address 3201 HALLMARK  SABINAW, M 48613	PRINTING OF 6-22-12 \$ 970.19 Purpose: AV MAILERS Date  Click Here for Memo Itemization Type
_	Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
Expenditure #2  Name PHOENIX BUSINESS  SOLUTIONS  Address 1309 MICHIGAN AVE  BAY CITY, M 48705	ADDRESS, POSTAL 6-24-12 \$ 431.00  Purpose: AV MAILERS  Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #3  Name FRIENDS OF B.C. ST. PARK  Address Clo AL EICHORN  5412 EASY ST	AD FOR WATER- FOWL FESTIVAL 6-27-12 \$ 25000 Purpose: NEW PAPER Date  Click Here for Memo Itemization Type
BAY CITY, M 45708	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4 Name LA PIZZA Address 709 W. MID LAND AUBURN, M 48611	COM M. MTG.  FOOD CHARGES 7-15-12 \$ 12000  Purpose:
Fund Raiser	Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #5  Name SHIRTS, MUSS, MORE  Address 2728 CENTER  E3SEXVILLE, M 48732	Purpose: T-SHIRTS  7-13-12 Date  \$ 347.85  Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous
Fund Raiser	Subtotal this page  Grand Total of all Schedules 1B

Enter this total on line 8a of Summary Page

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. Committee I. D. Number	150459

CANDIDATE COMMITTEE 2.0	Committee Name
Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1 Name SAM' J (LUB Address 5656 BAY RD SA61NAW, M 48603	Purpose: PARADES 7.20.12 \$ 25.44  Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #2  Name LAMAR OUT DOOR  AD VERTISING  Address  10100 THOR DRIVE  FREELAND, M 48623	Purpose: BILLBOARO Date  Click Here for Memo Itemization Type  Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
Expenditure #3  Name USPS  Address SAGINAW, MI 4F601	Purpose: AV MAILERS Date \$1,007.21  Click Here for Memo Itemization Type
Fund Raiser	LICheck box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4  Name BAY CITY FIREWORKS  Address BAY CITY  3296 E. FISHER  BAY CITY, MI 48706  Fund Raiser	Purpose: DDNATION  Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #5 Name  PARTY GOLF TOURNEY  Address  P.O. BOX 556  PINCONNING, M 48650  Fund Raiser	Purpose: SHIR FOR SIGN Date \$ 25.00  Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement
	Grand Total of all Schedules 1B (Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



. CANDIDATE COMMITTEE 2.0	Committee Name	
Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date	6. Amount
Expenditure #1  Name KATHLEEN KRATZ FOR  Address TREASURER  193 W. MUNGER RD  MUNGER, MI 48747	Purpose: DONATION Date	-JZ \$ Z5.00 emo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Name SUE KALTENBACH FOR COUNTY CLERK Address 12E HANNUM	7-9- Purpose: <b>DONA TION</b> Date	12 \$ 25.00
SAGINAW, M1 48602	ļ	emo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #3  Name PLA(EMATS 4 YOU  Address 4910 GERA RD.  FRANKENMUTA, MI 48734  Grund Raiser	Purpose. 770 VED 777	9-72 \$ <u>150.00</u> emo Itemization Type
Expenditure #4 Name BOBBY LEE FOR SHERIFF Address 1803 MICHIGAN BAY CITY, M 4870 F	Purpose: FUNDRAISER Date TICKETS	mo Itemization Type
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #5 Name		
Address	Purpose: Date	- \$
Fund Raiser	Click Here for Me Check box if this expenditure is payment of debt or obligation reported on previous statement	mo Itemization Type
	Subtotal this pag	e 220.00
	Grand Total of all Schedules (Complete on last page of Schedu	17///// 711

Enter this total on line 8a of Summary Page

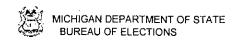
Page S of



DEBTS .	AND	OBLI	GAT	IONS
S	CHE	DULE	1E	

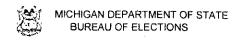
CANDIDATE COMMITTEE 2. Committee Name PATRICK 6. DU 86AN FIR PRISELUTOR

OANDIDATE COMMITTEE				
This Schedule itemizes:				
Debts and obligations owed by or forgiven the com (Che	nmittee OR b. Debt ock either a or b. Use only for the pu	ts and obligations owed <u>to</u> curpose checked.)	or forgiven <u>by</u> the co	mmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Batance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by:  PATRICK D. DUBGAN 3/0 LINCOLN DR. BAY (ITY, MI 4570b)  If bank loan, name of endorser or guarantor:	4. Type: LDA N  5. Date Debt Was Incurred: 5-30-12  6. Original Amount of Debt: \$ \$\int 0 0 0 0	\$ \$ \$ \$ Amo	\$ ount Endorsed: \$	\$ <u>800.00</u>
Owed to or by:  SAME AS ABOVE	4. Type: LOAN  5. <u>Date Debt Was Incurred</u> : 5-3-12  6. <u>Original Amount of Debt</u> :  \$_100.00	\$ \$ \$	\$	\$ 100.00
If bank loan, name of endorser or guarantor:		Δm	nount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:  SAME AS ABIVE	4. Type: LOAN  5. Date Debt Was Incurred:  6-/0-/2  6. Original Amount of Debt:  5-00.00	\$ \$ \$ \$ \$	\$	\$ 500.00
If bank loan, name of endorser or guarantor:		An	nount Endorsed; \$	
(Ca	omplete on last page of Schedule s	Page Subtotal	(Outstanding debt)	1, 400 Enter this total on line 12a "owed
A debt or obligation must be shown on this Schedu this Campaign Statement or it was forgiven during t	le if there was an outstanding an the period covered by this Camp	nount owed on it at the cle aign Statement.	osing date of	by" or line 12b "owed to" of the Summary Page
Page of				



DEBTS AND OBLIGATIONS 1.0	ommittee I.D. Number	50459		•
SCHEDULE 1E				
CANDIDATE COMMITTEE 2.C	ommittee Name			' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
This Schedule itemizes:		· · · · · · · · · · · · · · · · · · ·		
a Debts and obligations owed by or forgiven the common (Chec	mittee OR b. Debts ok either a or b. Use only for the pu	s and obligations owed to or rpose checked.)	forgiven by the cor	nmittee.
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or acceptable guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:  PATRICK 0. DU 66 AN	4. Type: LDAN  5. Date Debt Was Incurred:	\$		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
BAYCITY, MO 48706	6. Original Amount of Debt 3 7 5. 00	\$	\$	\$ 325. 00 FORGIVEN
If bank loan, name of endorser or guarantor:		\$ Amo	unt Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by:	4. Type: LOAN	\$		
SAME AL ABOVE	5. Date Debt Was Incurred:  6. Original Amount of Debt:  3. D0, v0	\$ \$ \$	\$	\$ 3 0 0.00
If bank loan, name of endorser or guarantor:		\$	ount Endorsed: \$-	
Debt #3 Corp? Yes Owed to or by:  SAME AS ABIVE	4 Type _Z O A N S Date Debt Was Incurred 7 - 18 - 12	\$ 		
If bank loan, name of endorser or guarantor.	6 Original Amount of Debt:	\$		\$/,///.04
ii dank loar, name di endurser di guarantor.		An	ount Endorsed: \$_	
(Cc	emplete on last page of Schedule s	Grand Total	(Outstanding debt) of all Schedules:1E to the committee)	1, 73 6 . 64 3, 136 .04 Enter this total on line 12a "owed
A debt or obligation must be shown on this Schedu this Campaign Statement or it was forgiven during t	le if there was an outstanding an he period covered by this Camp	nount owed on it at the clo aign Statement.	osing date of	by"" or line 12b "owed to" of the Summary Page

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Page_	2	of_	2



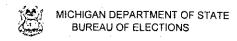
#### FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

Committee I.D. Number <u>150 450</u>

2. Committee Name PATRICK O. DU &GAN FOR PROJECUTOR

[ <del></del>		2. Con	nmittee Name FA NGCE U. U	DEGNIV FOR PROSECU,
		- USE A SEPARATE SH	EET FOR EACH EVENT -	
	e Event Was Held	4. Number of Individuals Attending or Participating (whichever is greater)  6 2	5. Type of Fund Raising Activity DRINKS & HORS D'OEUNRES RECEPTION	6. Address and Name (If any) of the place where the activity was held.  DIAMOND BALL LOOM  60S E. MIDLAND  BAY CITYMI 4870.  Private Residence
7. Tota	al Contributions	3,67	0.00	N. C.
8. Oth	er Receipts	- 0		<b>\</b>
9. Gro	ss Receipts (Add lines 7	and 8) 3, 62	0.00	
10. To	otal Cost of Event	ontributions and All Expenditures	<u> </u>	
11.	Check if event was a jo	oint fund raiser and complete the	following:	
	Co-Sponsor(s)	Contribution S (%)	Split	Expenditure Split (%)
			A	
e de la companya de l		The Age 10 the disk of the		and the street was a survey
en jorganistis est filosofia. Notae	· <del>V</del>			
				The second secon
	period covered by the C Receipts and expenditu Schedule (1A), Itemize Summary Page.	Campaign Statement ures listed on a Fund Raiser Sch d In-Kind Contributions Schedul	er Schedule for each fund raising	Schedule (1B) and the

• Each com



#### **FUND RAISER SCHEDULE 1F** CANDIDATE COMMITTEE

	15	Λ	11	
1. Committee I.D. Number	12	$\mathcal{O}$	7	_

2. Committee Name PATRICK O. DUGGAN FOR PROSECUTO,

	- USE A SEPARATE SH	LLI FOR EACH EVENT	-
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is	5. Type of Fund Raising Activity	Address and Name (If any) of the place where the activity was held.
T.1. 107010	greater)	FAMILY	UAW 362 HALL
Tuly 18,2012	[ 310	BUFFET	4427 E. WILDER RE
			BAY CITY, MI 489
		And standard or through a sign of the	
. Total Contributions	<u>#8,</u>	734.00	
. Other Receipts		0 —	A. A.
. Other Necelpts	6 -	171/ ""	•
. Gross Receipts (Add lines	7 and 8)	34.00	
Total Cost of Event	2.0	115.36	
	Contributions and All Expenditures	Made For the Event	
1. Check if event was a	i joint fund raiser and complete the	following:	,
Co-Sponsor(s)	Contribution S	Split	Expenditure Split
	(%)		(%)
	: * · · · · · · · · · · · · · · · · · ·	***************************************	
<u> </u>	<u> </u>	***************************************	

period covered by the Campaign Statement. Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the APPENDANCE OF

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

Page 2 of 2



## MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

www.Michigan.gov/sos

#### LATE CONTRIBUTION REPORT

I. Your Committee ID#:	50459	
	TRICK O. DUGGAN FOR PROSECUTOR	
3. Date Late Contribution(s) Rec	ceived: 7-28-12 (Only one Date per Sheet)	
<ul> <li>Candidate column 5500.00 or menthe candidate</li> <li>A committee contribution of last campaign</li> <li>Contributions are anythed Late Contribution Report.</li> <li>Paper filers may file the Filing Official.</li> <li>Electronic Filers on the</li> </ul>	corts are required when a mmittee receives a single contribution or a cumulative contribution from the same control or after the closing date of the last campaign statement required and the 3 rd day before is participating. See Appendix G of the Campaign Finance Manual. Other than a candidate committee (PAC, Ballot Question or Political Party) receives a participative contribution from the same contributor of \$2,500.00 or more after the contributive contribution from the same contributor of \$2,500.00 or more after the contribution of monetary value including contributions of money, in-kind and loans to the contributions are not waived by the Reporting Waiver.  Orts that are filed late result in the committee receiving a late filing fee. The maximum are report by any written means (including fax) within 48 hour of receipt of the contribution are state level must file all Late Contribution Report electronically.	e an election where single closing date of the ign Finance Manual mmittee.  In fee is \$2,000.00
initial and if the contributor is a	I address. If contribution is from an individual, enter last name, first name, middle n individual, the Occupation, Employer and Business address of the contributor.	5. Amount
	CE THEN RIDGE N. 45706 Employer / Business Address NOT APPLICABLE	1,000-00
Contributor Name and Address:	·	
(If Individual, also provide:) Occupation	_ Employer / Business Address	
Contributor Name and Address:		
(If Individual, also provide:) Occupation	_ Employer / Business Address	
Contributor Name and Address:	To E	
(If Individual, also provide:) Occupation	Employer / Business Address	
Authority Granted under PA 388 of 197	67/12	- 1